

PROJECT 10073 RECORD

1. DATE - TIME GROUP 12 Sept 67 12/0415Z	2. LOCATION Dayton, Ohio	2
3. SOURCE Civilian	10. CONCLUSION Astro (CAPELLA) <i>Prob. Jett</i>	
4. NUMBER OF OBJECTS 1	Capella was on an azimuth of 45 degrees, elevation of 22 deg, at time of sighting.	
5. LENGTH OF OBSERVATION 10-15 minutes	11. BRIEF SUMMARY AND ANALYSIS Object was the same shape of a star. Changed colors from blue, green, and red basically a white light. Brightness of object was compared to a burning sparklor. Object did not disappeared while watching.	
6. TYPE OF OBSERVATION Ground Visual (BX)		
7. COURSE NE		
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

FORM
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

MEMO FOR THE RECORD

SUBJECT: UFO SIGHTING OF 14 September 1967

Mrs. [REDACTED] called regarding her observation of an unidentified flying object. She had observed a similar thing about two months ago. She was attracted by a very bright light, it was a very clear night, very definite white light with some red and blue and when she got the telescope there was a clear outline that would have been triangular in shape, but last night it was circular in shape. [REDACTED]

The observation took place last night, 14 Sep 67, at 1130 pm.

The object was at a distance. It looked like a very bright light.

This is the only light Mrs. [REDACTED] saw, a constant very bright white light and a slight movement changing red and blue in color.

At first Mrs. [REDACTED] thought it was an airplane but when she kept watching it for an over an hour she knew it couldn't be, moved slightly eastward with no apparent change in the altitude. First observed the object in the North then moved slowly northeast. Mrs. [REDACTED] didn't think it was a star because there wasn't anything there in the sky at other times. Object didn't appear to go up or down.

Since additional information was necessary we asked Mrs. [REDACTED] if she would complete a form on her sighting. She said that she would be glad to do so. Her address is:

[REDACTED]
Dayton, Ohio

PROJECT 10073 RECORD

1. DATE - TIME GROUP 23 Sep 67 24/0015Z	2. LOCATION Dayton, Ohio 3
3. SOURCE Civilian	10. CONCLUSION Possible (AIRCRAFT) ✓ Jmt No data presented to indicate object could not have been an aircraft.
4. NUMBER OF OBJECTS 1	11. BRIEF SUMMARY AND ANALYSIS Only information observer gave was it flashed or flickered red and white. He stated object disappeared over horizon in 5 minutes or less.
5. LENGTH OF OBSERVATION 5 minutes or less	
6. TYPE OF OBSERVATION Ground Visual	
7. COURSE West	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Aircraft (possible)

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

23 Sept 67
Day Month Year

2. Time of day: 2015
Hour Minutes

(Circle One): A.M. or P.M.

3. Time Zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

[Redacted]
Nearest Postal Address

Dayton
City or Town

State or County

5. How long was object in sight? (Total Duration)

5 or less
Hours Minutes Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined?

guess

5.2 Was object in sight continuously?

Yes ✓

No _____

6. What was the condition of the sky?

DAY

a. Bright

b. Cloudy

NIGHT

a. Bright

b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

Don't know

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor

- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer

- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

- e. Other _____

Don't know

13. Did the object:

(Circle One for each question)

- a. Appear to stand still at any time?
- b. Suddenly speed up and rush away at any time?
- c. Break up into parts or explode?
- d. Give off smoke?
- e. Change brightness?
- f. Change shape?
- g. Flash or flicker?
- h. Disappear and reappear?

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

No

No

No

Don't know

Don't know

Don't know

Don't know

Don't know

Don't know

Don't know

Don't know

red & white

14. Did the object disappear while you were watching it? If so, how?

down over horizon

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

it moved behind: tree

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

in front of: cloud

17. Tell in a few words the following things about the object:

a. Sound No

b. Color Red & white

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

Same size

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

20. Do you think you can estimate the speed of the object?

(Circle One)

Yes

No

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One)

Yes

No

IF you answered YES, then how far away would you say it was? Far and high

22. Where were you located when you saw the object?

(Circle One):

a. Inside a building

b. In a car

c. Outdoors

d. In an airplane (type)

e. At sea

f. Other _____

23. Were you (Circle One)

a. In the business section of a city?

b. In the residential section of a city?

c. In open countryside?

d. Near an airfield?

e. Flying over a city?

f. Flying over open country?

g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North

c. East

e. South

g. West

b. Northeast

d. Southeast

f. Southwest

h. Northwest

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

No

25. Did you observe the object through any of the following?

a. Eyeglasses

Yes

No

e. Binoculars

Yes

No

b. Sun glasses

Yes

No

f. Telescope

Yes

No

c. Windshield

Yes

No

g. Theodolite

Yes

No

d. Window glass

Yes

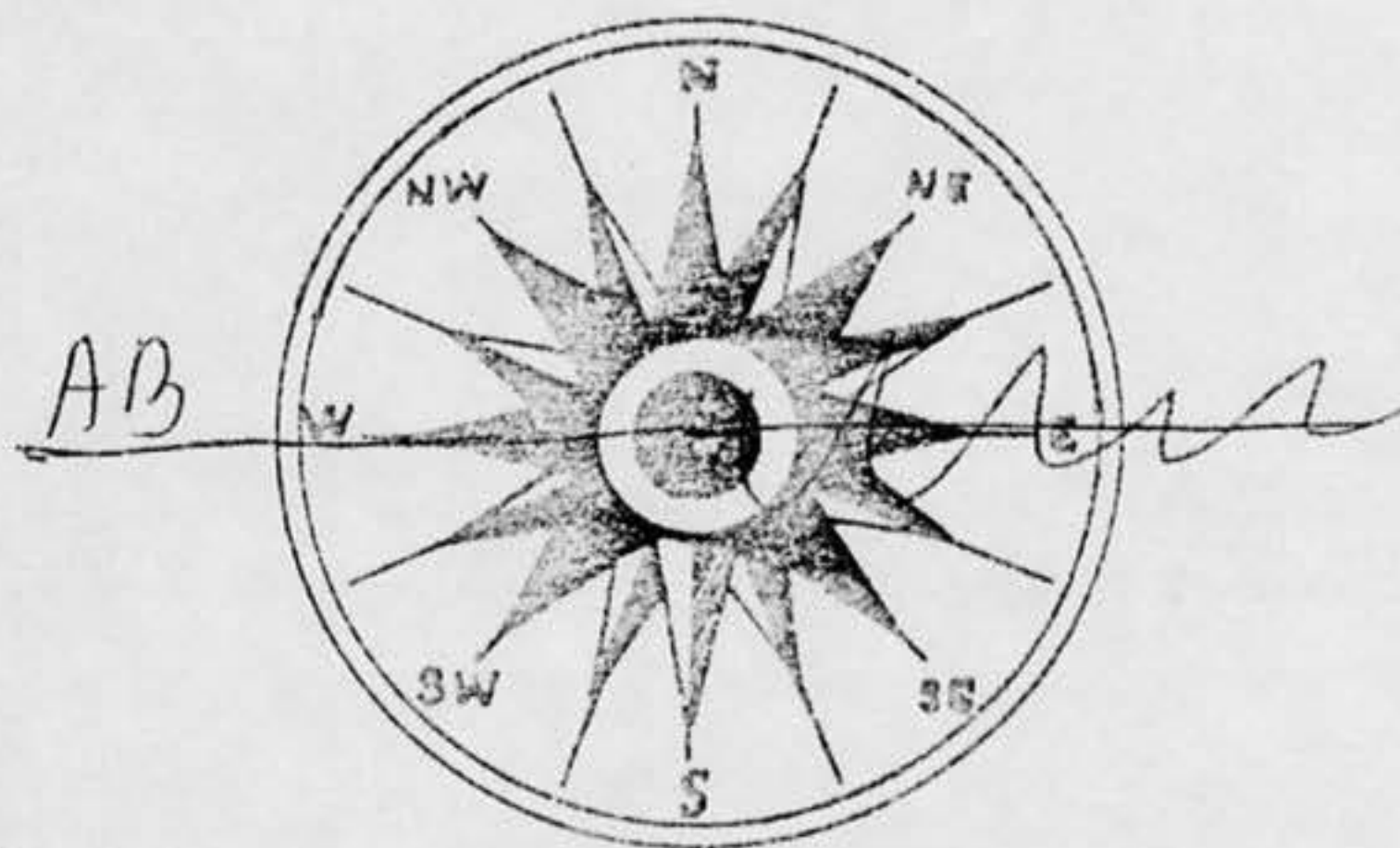
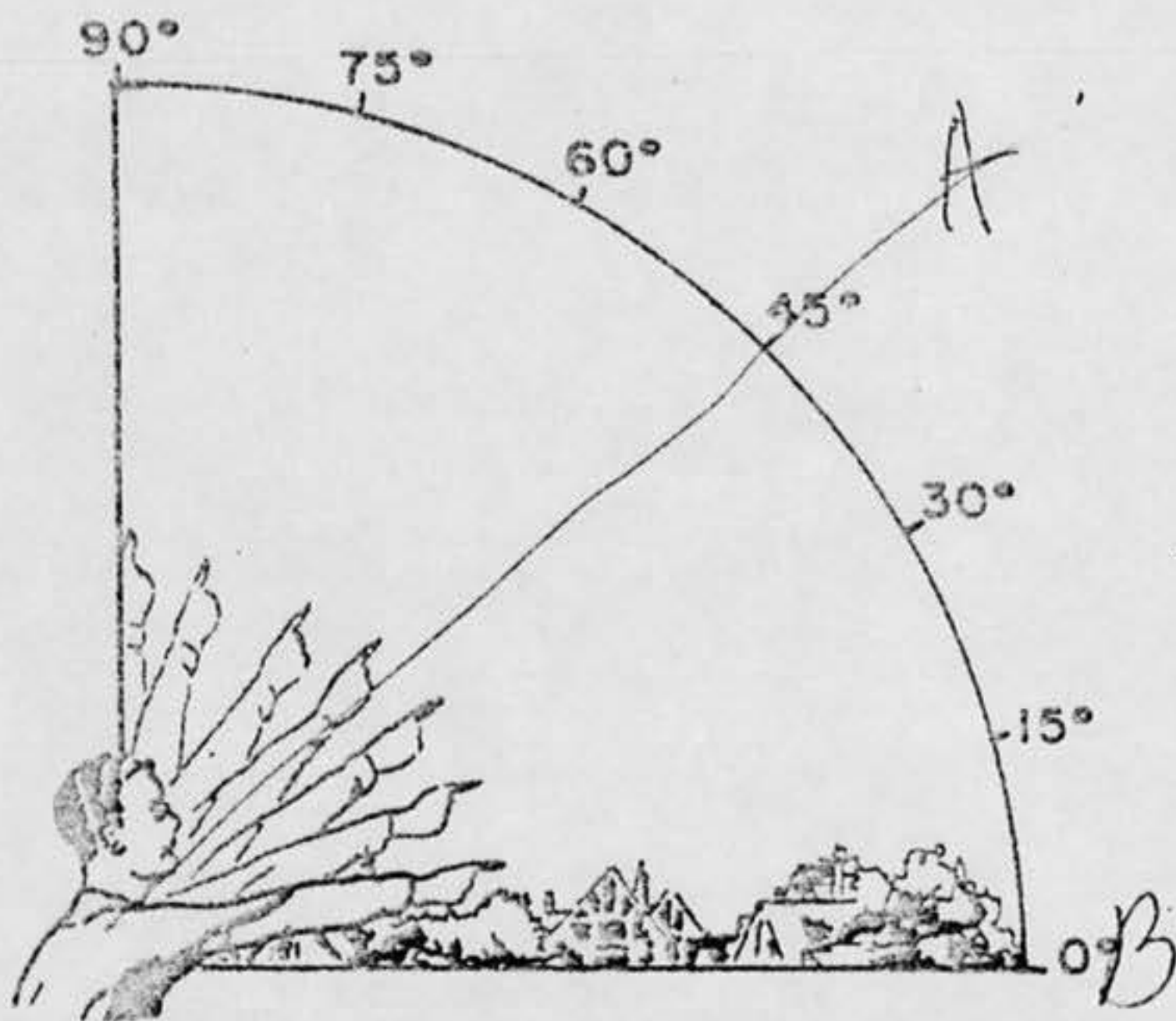
No

h. Other _____

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

ball

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

29. IF there was MORE THAN ONE object, then how many were there? One
 Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

NO

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes

No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes

No

31.2 Please list their names and addresses:

51

Dayton

32. Please give the following information about yourself:

Name

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

None

AGE

13

SEX

F

Indicate any additional information about yourself, including any special experience, which might be pertinent.

Saw one before

33. When and to whom did you report that you had seen the object?

23

Day

Sept

Month

67

Year

PROJECT 10073 RECORD

1. DATE - TIME GROUP 29 Sep 67 30/0050Z		2. LOCATION Dayton, Ohio 1	
3. SOURCE Civilian		10. CONCLUSION Probable (AIRCRAFT) No data presented to indicate that object was not an aircraft.	
4. NUMBER OF OBJECTS 1			
5. LENGTH OF OBSERVATION 4 minutes			
6. TYPE OF OBSERVATION Ground Visual			
7. COURSE NE - W			
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. BRIEF SUMMARY AND ANALYSIS Object was as brilliant white light with a deep color of red coming down from the middle. Observer stated she could not see a solid object, after she watched the object for a few minutes, she turned around to note the time, when she looked up, the object went straight up and disappeared.	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Prob aircraft

29 Sept 67

OCT 10 1967

29 September 1967

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

Dayton, Ohio 45404

R

1 atch 164

Astro/ Capella/ Capella on Az of 45 deg at El. 22 Deg

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

12
Day

Sept
Month

67
Year

2. Time of day: 1215

Hour

Minutes

(Circle One):

☒ A.M.

or

P.M.

3. Time Zone:

(Circle One): ☒ a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): ☒ a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

Engley St
Nearest Postal Address

Dayton 14
City or Town

Ohio
State or County

5. How long was object in sight? (Total Duration)

Hours

10-15
Minutes

Seconds

☒ a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined? _____

5.2 Was object in sight continuously?

Yes ☒

No _____

6. What was the condition of the sky?

DAY

a. Bright
b. Cloudy

NIGHT

a. Bright
☒ b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

164

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

29 Sept 67
Day Month Year

2. Time of day: 0858
Hour Minutes

(Circle One): A.M. or P.M.

3. Time Zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

[REDACTED]
Nearest Postal Address

DAYTON
City or Town

OHIO
State or County

5. How long was object in sight? (Total Duration)

4
Hours Minutes Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined? timed on clock

5.2 Was object in sight continuously?

Yes _____ No _____

6. What was the condition of the sky?

DAY

a. Bright
b. Cloudy

NIGHT

a. Bright
b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- ☒ a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- ☒ d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- ☒ c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- ☒ e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

2 lights

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- ☒ a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

12. The edges of the object were:

- (Circle One):
- ☒ a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

- | | | | |
|---|--------------------------------------|-------------------------------------|------------|
| a. Appear to stand still at any time? | Yes | <input checked="" type="radio"/> No | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes | <input checked="" type="radio"/> No | Don't know |
| c. Break up into parts or explode? | Yes | <input checked="" type="radio"/> No | Don't know |
| d. Give off smoke? | Yes | <input checked="" type="radio"/> No | Don't know |
| e. Change brightness? | <input checked="" type="radio"/> Yes | No | Don't know |
| f. Change shape? | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| g. Flash or flicker? | <input checked="" type="radio"/> Yes | No | Don't know |
| h. Disappear and reappear? | Yes | <input checked="" type="radio"/> No | Don't know |

14. Did the object disappear while you were watching it? If so, how?

disappeared suddenly

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):

Yes

☒ No

Don't Know.

IF you answered YES, then tell what

it moved behind: _____

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

Yes

☒ No

Don't Know.

IF you answered YES, then tell what

in front of: _____

17. Tell in a few words the following things about the object:

a. Sound

no

b. Color

white with red light red light increased just before it left.

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

very small amount

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.

20. Do you think you can estimate the speed of the object?

(Circle One)

Yes

☒ No

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One)

Yes

☒ No

IF you answered YES, then how far away would you say it was? _____

22. Where were you located when you saw the object?

(Circle One):

- ☒ a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- ☒ b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other 2 mi from WPAFB

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

☒ No

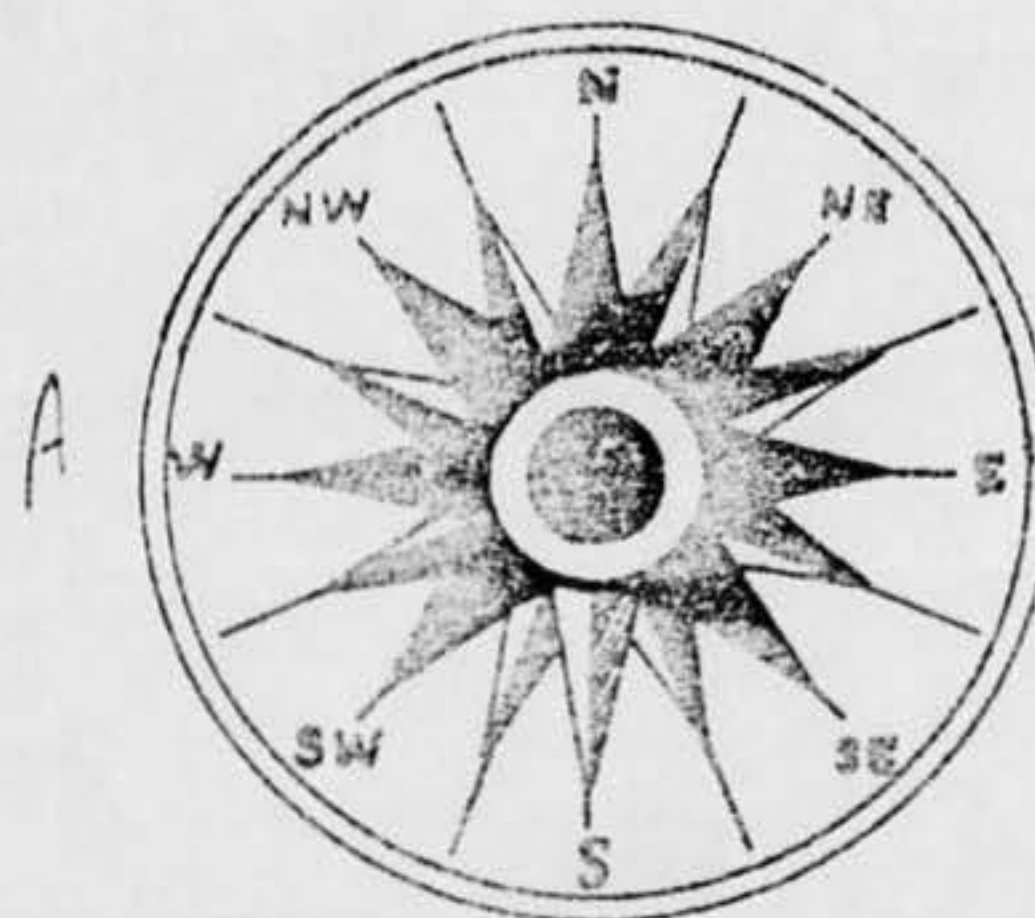
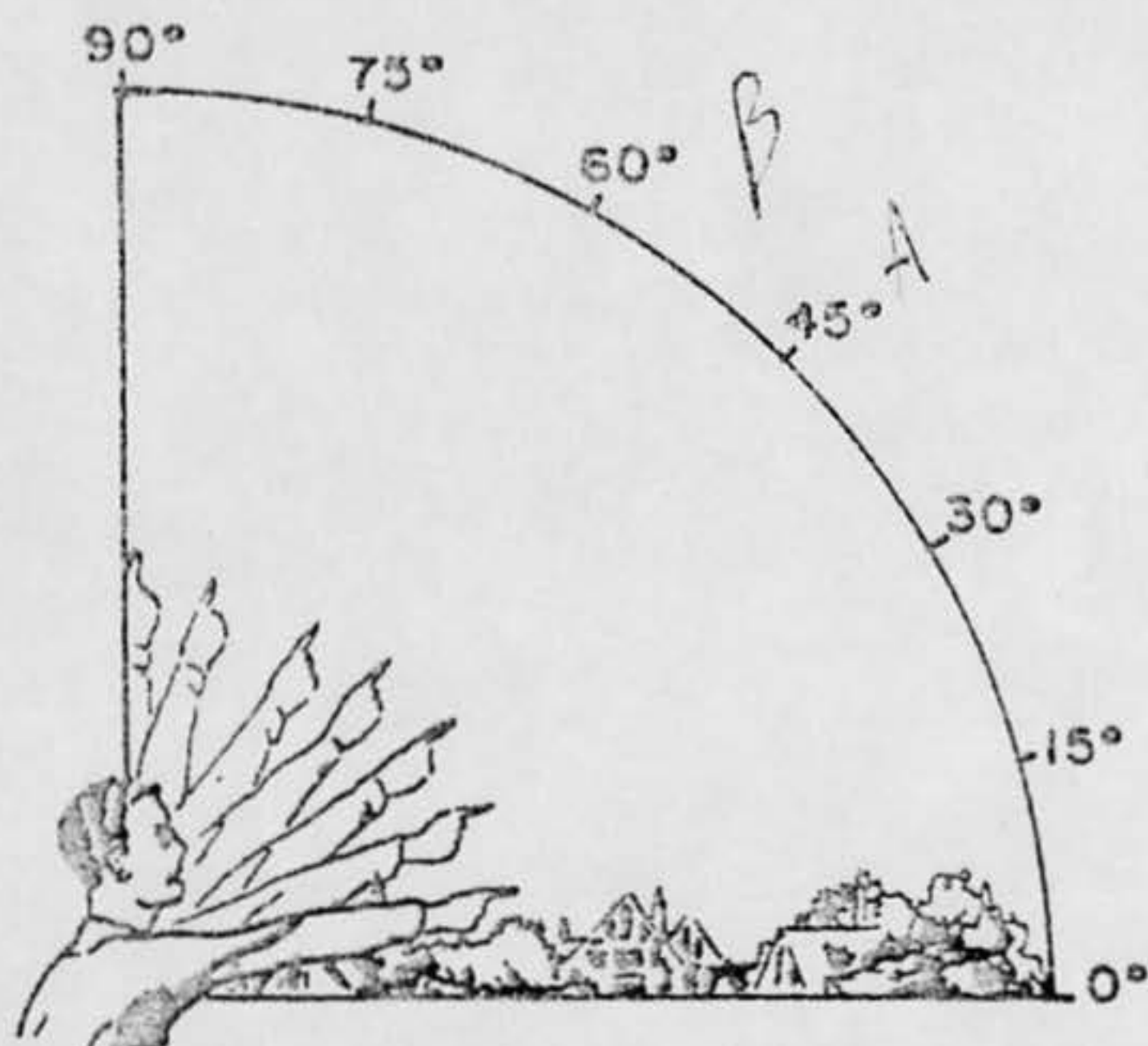
25. Did you observe the object through any of the following?

- | | | | | | |
|--|--------------------------------------|-------------------------------------|----------------|-----|-------------------------------------|
| a. Eyeglasses | Yes | <input checked="" type="radio"/> No | e. Binoculars | Yes | <input checked="" type="radio"/> No |
| b. Sun glasses | Yes | <input checked="" type="radio"/> No | f. Telescope | Yes | <input checked="" type="radio"/> No |
| c. Windshield | Yes | <input checked="" type="radio"/> No | g. Theodolite | Yes | <input checked="" type="radio"/> No |
| <input checked="" type="radio"/> d. Window glass | <input checked="" type="radio"/> Yes | No | h. Other _____ | | |

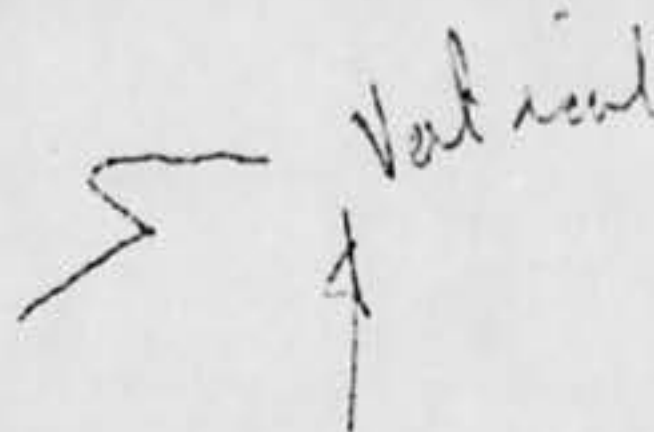
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

Farm out clear

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? _____
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

No

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes

No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes

No

31.2 Please list their names and addresses:

[Redacted]

32. Please give the following information about yourself:

NAME

[Redacted]
Last Name

[Redacted]
First Name

[Redacted]
Middle Name

ADDRESS

[Redacted]
Street

DAYTON
City

[Redacted]
Zone

OHIO
State

TELEPHONE NUMBER

AGE

15

SEX

F

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

Day

Month

Year

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

Friday Sept. 29 1967
Day Month Year

2. Time of day: 2:50
Hour Minutes

(Circle One): A.M. or P.M.

3. Time Zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

[REDACTED] Dayton Montgomery
Nearest Postal Address City or Town State or County

5. How long was object in sight? (Total Duration)

4
Hours Minutes Seconds

a. Certain
b. Fairly certain

c. Not very sure
d. Just a guess

5.1 How was time in sight determined? Adjusted time on clock

5.2 Was object in sight continuously? Yes X No _____

6. What was the condition of the sky?

DAY
a. Bright
b. Cloudy

NIGHT
a. Bright
b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

14. Did the object disappear while you were watching it? If so, how? *After I had watched it for a few minutes, I turned around to make the time, when I looked up, the object went straight up and disappeared.*

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes No Don't Know. IF you answered YES, then tell what it moved behind: *not sure*

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes No Don't Know. IF you answered YES, then tell what in front of: *not sure*

17. Tell in a few words the following things about the object:

a. Sound *none*

b. Color *a brilliant white light with deep areas of red coming from the middle.*

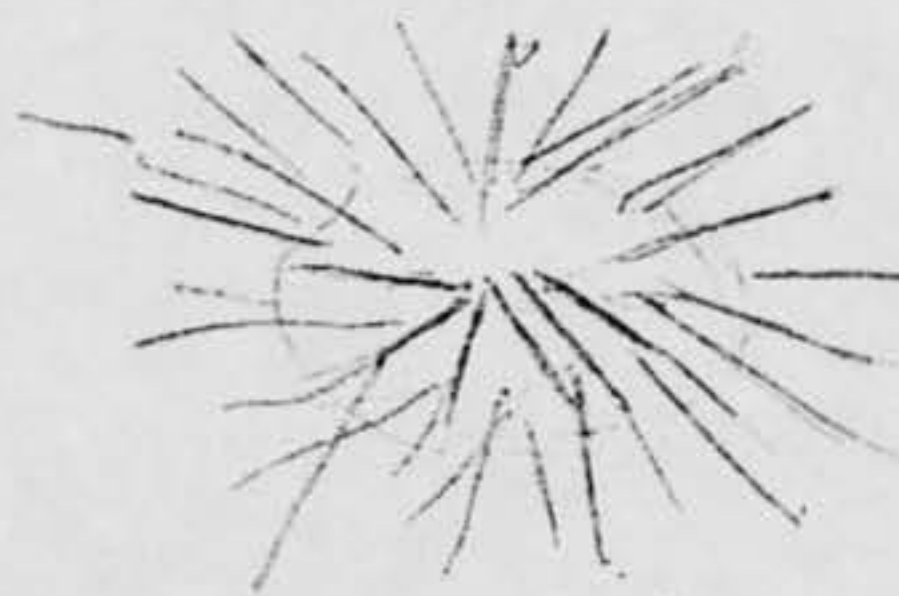
18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

one-fourth

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.

white lights



red lights

imaginary line to get idea of the focus of lights

20. Do you think you can estimate the speed of the object?

(Circle One) Yes ☒ No

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One) Yes ☒ No

IF you answered YES, then how far away would you say it was? _____

22. Where were you located when you saw the object?
(Circle One):

- ☒ a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane (type) _____
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- ☒ b. In the residential section of a city?
- c. In open countryside?
- ☒ d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes ☒ No

25. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|--------------------------------------|-------------------------------------|---------------|-------|-------------------------------------|
| a. Eyeglasses | Yes | <input checked="" type="radio"/> No | e. Binoculars | Yes | <input checked="" type="radio"/> No |
| b. Sun glasses | Yes | <input checked="" type="radio"/> No | f. Telescope | Yes | <input checked="" type="radio"/> No |
| c. Windshield | Yes | <input checked="" type="radio"/> No | g. Theodolite | Yes | <input checked="" type="radio"/> No |
| d. Window glass | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | h. Other | _____ | |

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

Since I couldn't see a form of a object, I can only describe a brilliant ~~pure~~ - white than any other light I have seen - with a red light coming out from the center of the white.

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- ☒ b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- ☒ c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- ☒ c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- ☒ a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- ☒ d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- ☒ a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

Sparkler

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - ☒ b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

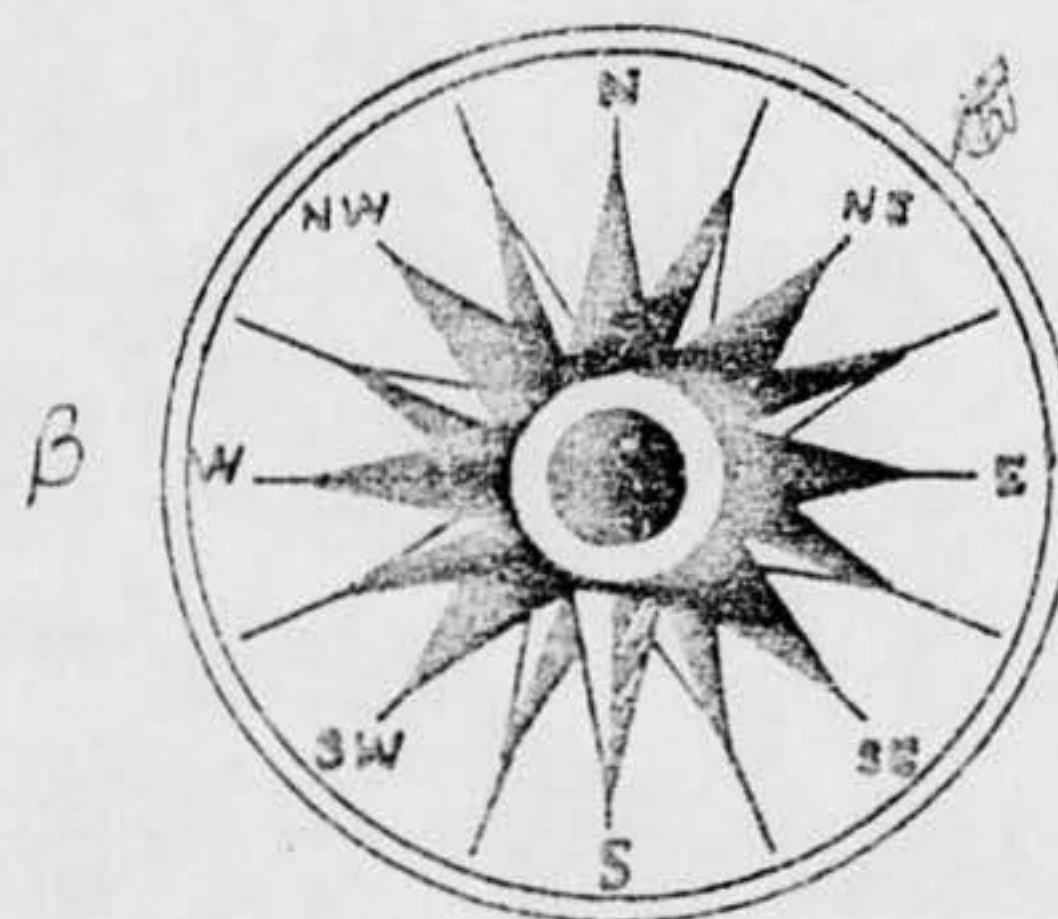
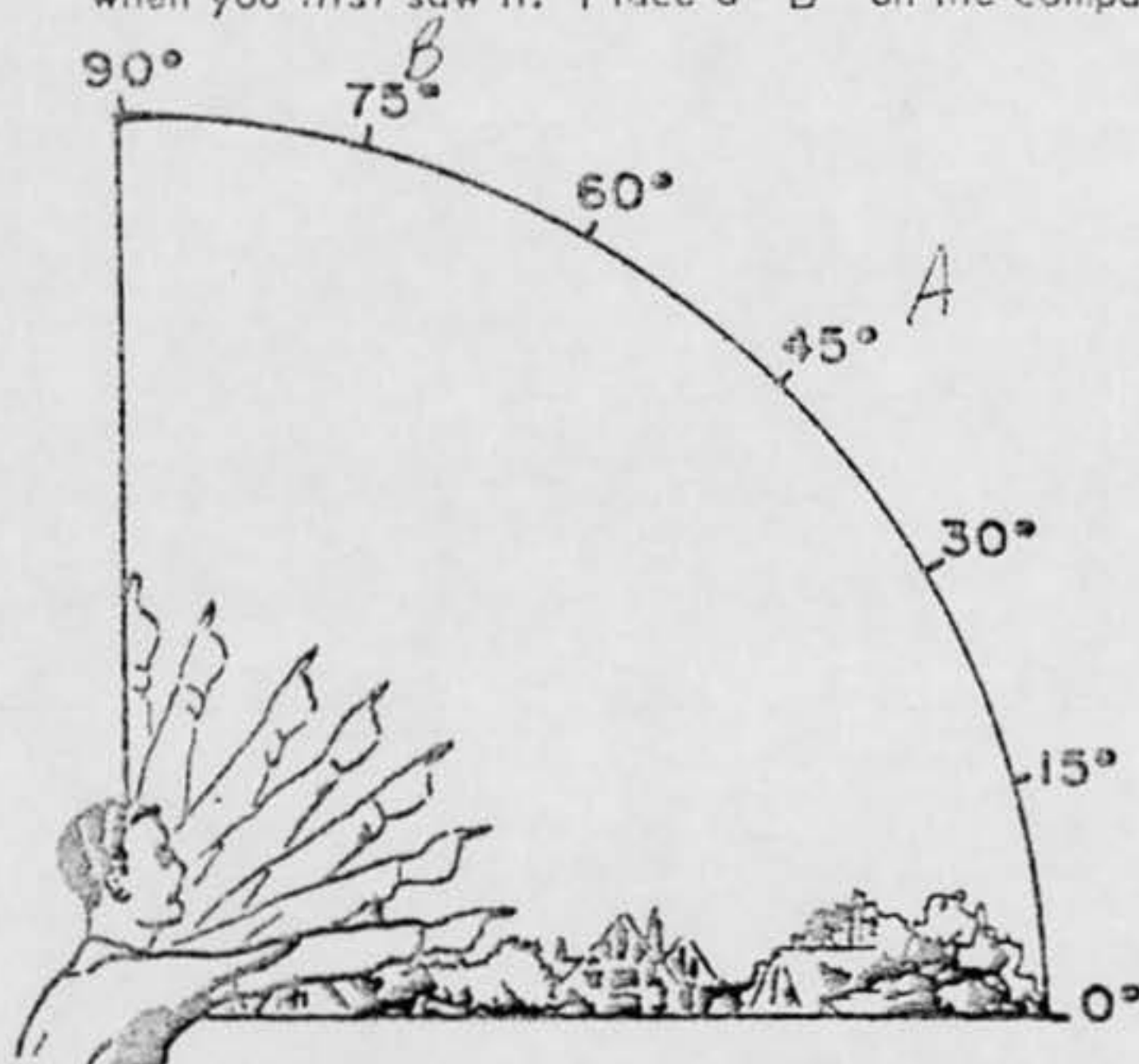
e. Other _____

13. Did the object:

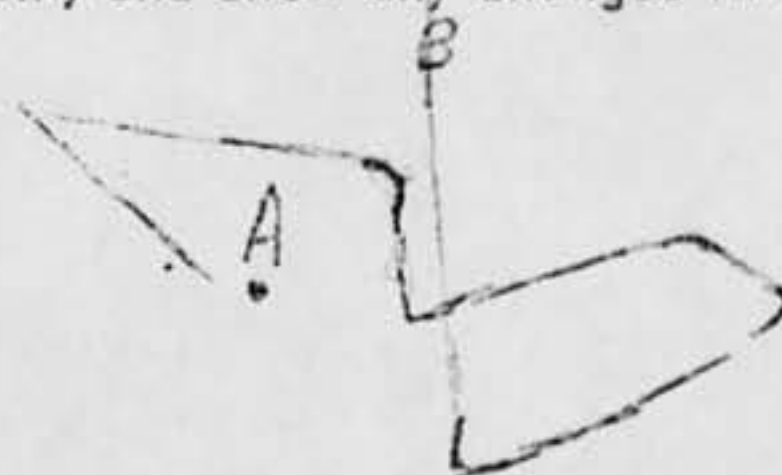
(Circle One for each question)

- | | | | |
|---|--------------------------------------|-------------------------------------|------------|
| a. Appear to stand still at any time? | Yes | <input checked="" type="radio"/> No | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes | <input checked="" type="radio"/> No | Don't know |
| c. Break up into parts or explode? | Yes | <input checked="" type="radio"/> No | Don't know |
| d. Give off smoke? | Yes | <input checked="" type="radio"/> No | Don't know |
| e. Change brightness? | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| f. Change shape? | Yes | <input checked="" type="radio"/> No | Don't know |
| g. Flash or flicker? | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| h. Disappear and reappear? | Yes | <input checked="" type="radio"/> No | Don't know |

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? _____
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

No

31. Was anyone else with you at the time you saw the object? (Circle One) Yes ☐ No ☒

31.1 IF you answered YES, did they see the object too? (Circle One) Yes ☐ No ☐

31.2 Please list their names and addresses:

32. Please give the following information about yourself:

NAME

[Redacted]
Last Name

[Redacted]
Middle Name

ADDRESS

[Redacted]
Street

Dayton
City

04
Zone

Ohio
State

TELEPHONE NUMBER

Private

AGE

15

SEX

Female

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

Saturday
Day

Sept, 30
Month

1967
Year

girl friend

34. Date you completed this questionnaire:

June 12 Oct 1967
Day Month Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

While [redacted] on Walnut Ave came
over to the [redacted] residence and asked
Mr. [redacted] to come out and look at an
object in the sky that was moving
in a strange fashion that could not
be an airplane or a star.

14. Did the object disappear while you were watching it? If so, how?

NO

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes ☒ No Don't Know. IF you answered YES, then tell what it moved behind: _____

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes ☒ No Don't Know. IF you answered YES, then tell what in front of: _____

17. Tell in a few words the following things about the object:

a. Sound NO

b. Color changes into blue, green, red - basically a white light

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

Nearly obliterates the object, but some rays are still visible

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

20. Do you think you can estimate the speed of the object?

(Circle One)

Yes

☒ No

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One)

Yes

☒ No

IF you answered YES, then how far away would you say it was? _____

22. Where were you located when you saw the object?
(Circle One):

- a. Inside a building
- b. In a car
- ☒ c. Outdoors
- d. In an airplane (type) _____
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- ☒ b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

☒ No

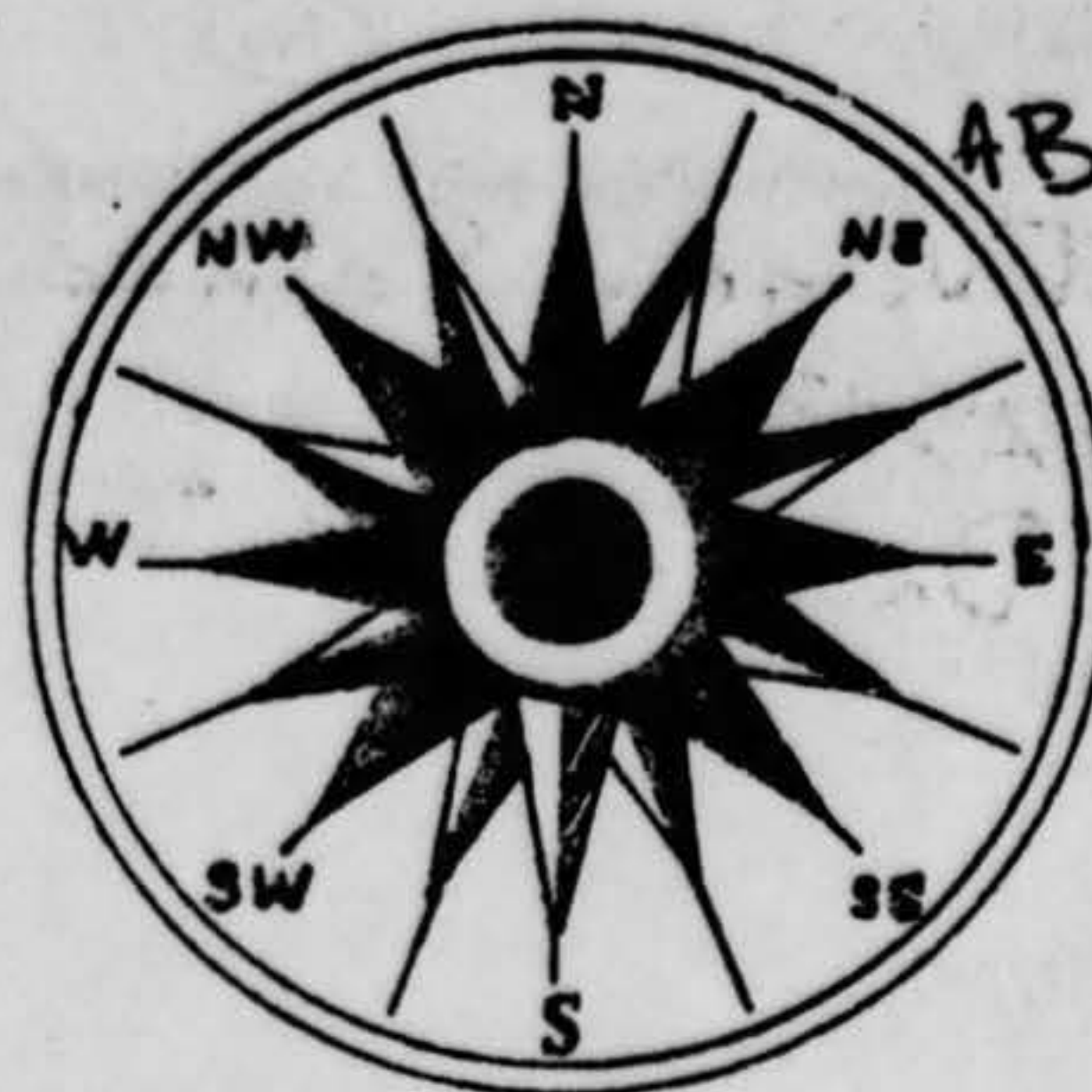
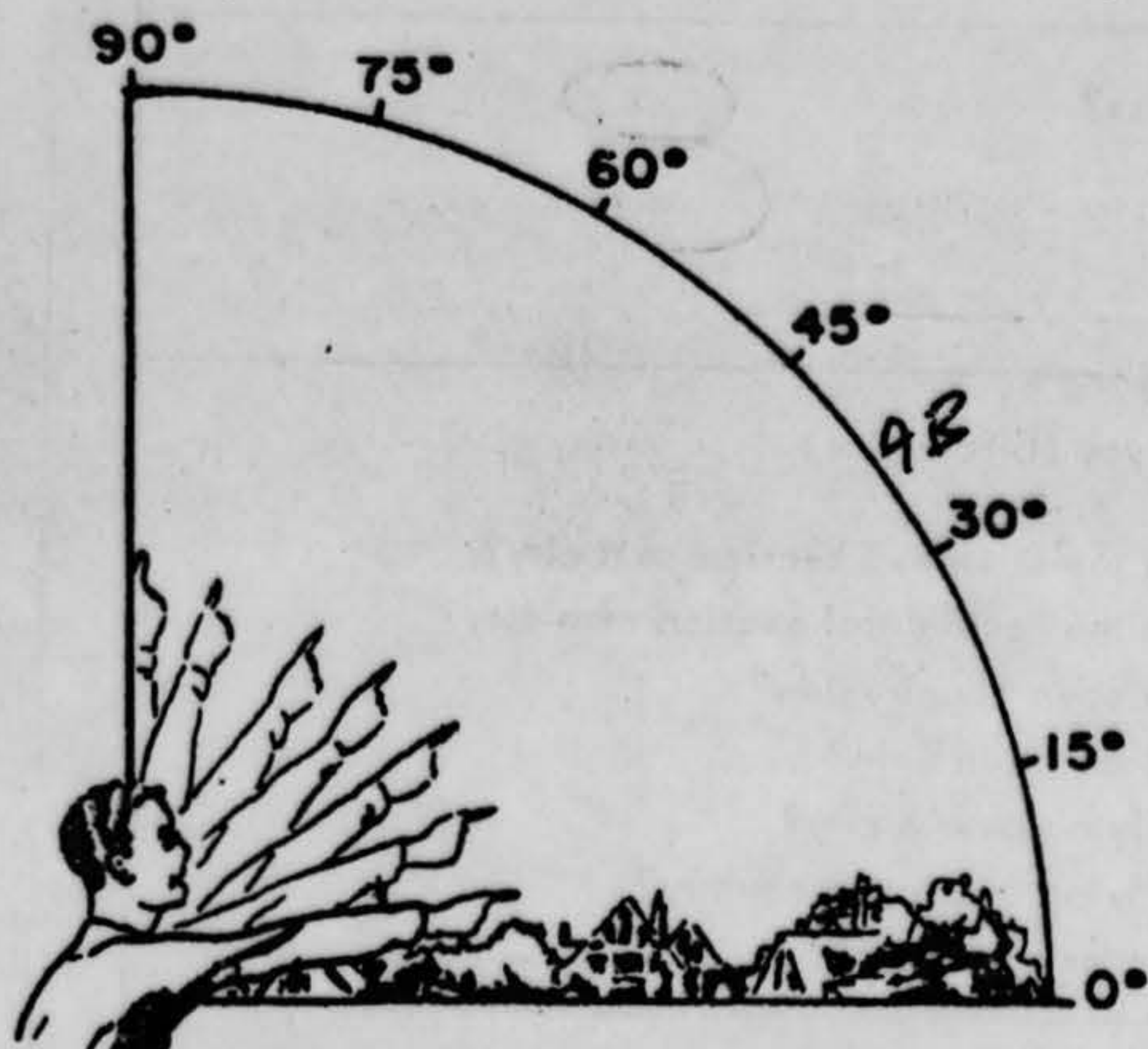
25. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|--------------------------------------|----|----------------|--------------------------------------|----|
| a. Eyeglasses | <input checked="" type="radio"/> Yes | No | e. Binoculars | <input checked="" type="radio"/> Yes | No |
| b. Sun glasses | Yes | No | f. Telescope | Yes | No |
| c. Windshield | Yes | No | g. Theodolite | Yes | No |
| d. Window glass | Yes | No | h. Other _____ | | |

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

Same shape as a star.

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

29. IF there was MORE THAN ONE object, then how many were there? One

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

No

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes

No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes

No

31.2 Please list their names and addresses:

[REDACTED]

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

SEX

Indicate any additional information about yourself, including any special experience, which might be pertinent.

No

33. When and to whom did you report that you had seen the object?

12

Day

Sep

Month

67

Year

FTD Staff Duty Officer
Capt Clyde P Raleigh
W-P AFB, Ohio

PROJECT RECORD

1. DATE - TIME GROUP 14 Sept 67 15/0330Z	2. LOCATION Dayton, Ohio (1 witness)
3. SOURCE Civilian	10. CONCLUSION INSUFFICIENT DATA ✓ JHJ
4. NUMBER OF OBJECTS One	If the observer had not stated that the object moved eastward it would seem to be a star, the color change being caused by scintillation. However, necessary information such as elevation and
5. LENGTH OF OBSERVATION Over 1 hour Intermittent	11. BRIEF SUMMARY AND ANALYSIS azimuth, and length of observation is not given.
6. TYPE OF OBSERVATION Ground-Visual	Observer saw a bright white light that sometimes changed to red and blue. The object was first observed in the north and appeared to slowly move northeast. The observer watched the object for over an hour but didn't think it was a star because there wasn't any stars out before the object appeared.
7. COURSE NE	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Pending 164

14 Sept 67

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF TDET/UFO

SEP 27 1967

SUBJECT UFO Observation *14 Sept*

TO

Mrs. [REDACTED]
Dayton, Ohio 45449

Reference your unidentified observation. The information which we have received is not sufficient for a scientific evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided. Thank you for reporting your observation to the Air Force.

[Signature]
JAMES C. MANATT, Colonel, USAF
Director of Technology and Subsystems

1 Atch
FTD Form 164 w/envelope